

California Resident Income Tax Return 2006**540 2EZ** C1 Side 1Place
label here
or print**Name
and
Address**

Your first name

Initial

Last name

If joint return, spouse's first name

Initial

Last name

Number and street, PO Box, rural route, or PMB no.

Apt. no.

City, town, or post office

State

ZIP Code

**SSN or
ITIN**

Your SSN or ITIN

Spouse's SSN or ITIN

IMPORTANT:
Your SSN or ITIN
is required.**Prior
Name**

If you filed your 2005 tax return under a different last name, write the last name only from the 2005 tax return.

● Taxpayer _____ ● Spouse _____

Filing Status

Fill in only one.

Filing Status. Fill in the circle for your filing status. See instructions, page 6.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one spouse had income)
- 4 ☐ Head of household. STOP! See instructions, page 6.
- 5 ☐ Qualifying widow(er) with dependent child. Year spouse died _____.

Exemptions

- 6 If another person can claim you (or your spouse) as a dependent on his or her tax return, even if he or she chooses not to, you **must** see the instructions, page 6 ● 6 ☐
- 7 Senior: If you (or your spouse) are 65 or older, enter 1; if both, enter 2 ● 7 ☐
- 8 Number of dependents. Enter name and relationship (**Do not include yourself or your spouse**) ● 8 ☐

**Dependent
Exemptions****Taxable
Income and
Credits**

- 9 Total wages (federal Form W-2, box 16 or CA Sch W-2, line C).
See instructions, page 6 ● 9 _____ 00
- 10 Total interest income (Form 1099-INT, box 1). See instructions, page 7 ● 10 _____ 00
- 11 Total dividend income (Form 1099-DIV, box 1). See instructions, page 7 ● 11 _____ 00
- 12 Total pensions _____ See instructions, page 7. Taxable amount. ● 12 _____ 00
- 13 Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a).
See instructions, page 7 ● 13 _____ 00
- 14 Unemployment compensation 14 _____ 00
- 15 U.S. social security or railroad retirement ... 15 _____ 00
- 16 Add line 9, line 10, line 11, line 12, and line 13. **Caution: Do not include line 14 and line 15.** ● 16 _____ 00
- 17 Using the 2EZ Table for your filing status, enter the tax for the amount on line 16. 17 _____ 00
Caution: If you filled in the circle on line 6, STOP. See instructions, page 7,
Dependent Tax Worksheet.
- 18 Senior Exemption: See instructions, page 7. If you are 65 and entered 1 in the
box on line 7, enter \$91. If you entered 2 in the box on line 7, enter \$182. 18 _____ 00
- 19 Nonrefundable renter's credit. See instructions, page 7 ● 19 _____ 00
- 20 Credits. Add line 18 and line 19. 20 _____ 00
- 21 Tax. Subtract line 20 from line 17. If zero or less, enter -0- ● 21 _____ 00

Enclose, but do
not staple, any
payment.Attach a copy
of your Form(s)
W-2 or complete
CA Sch W-2.

Your name: _____ Your SSN or ITIN: _____

Overpaid Tax/ Tax Due	22 Total tax withheld (federal Form W-2, box 17 or CA Sch W-2, box 17 and/or Form 1099-R, box 10)	■ 22	<input type="text" value="00"/>
	23 Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22.	■ 23	<input type="text" value="00"/>
	24 Tax due. If line 22 is less than line 21, subtract line 22 from line 21. See instructions, page 8.	24	<input type="text" value="00"/>

Use Tax	25 Use tax. This is not a total line. See instructions, page 8	● 25	<input type="text" value="00"/>
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Contributions	Voluntary Contributions	Code	Amount
	California Seniors Special Fund. See instructions, page 11	● 50	<input type="text" value="00"/>
	Alzheimer's Disease/Related Disorders Fund.	● 51	<input type="text" value="00"/>
	California Fund for Senior Citizens	● 52	<input type="text" value="00"/>
	Rare and Endangered Species Preservation Program	● 53	<input type="text" value="00"/>
	State Children's Trust Fund for the Prevention of Child Abuse	● 54	<input type="text" value="00"/>
	California Breast Cancer Research Fund	● 55	<input type="text" value="00"/>
	California Firefighters' Memorial Fund	● 56	<input type="text" value="00"/>
	Emergency Food Assistance Program Fund.	● 57	<input type="text" value="00"/>
	California Peace Officer Memorial Foundation Fund	● 58	<input type="text" value="00"/>
	California Military Family Relief Fund	● 59	<input type="text" value="00"/>
	Veterans' Quality of Life Fund	● 60	<input type="text" value="00"/>
	California Sexual Violence Victim Services Fund	● 61	<input type="text" value="00"/>
	California Colorectal Cancer Prevention Fund	● 62	<input type="text" value="00"/>
	California Sea Otter Fund	● 63	<input type="text" value="00"/>
26 Add line 50 through line 63. These are your total contributions		● 26	<input type="text" value="00"/>

Amount You Owe	27 AMOUNT YOU OWE. Add line 24, line 25, and line 26. If line 23 is less than line 25 and line 26, enter the difference here. See instructions, page 9 (Do Not Send Cash). Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	■ 27	<input type="text" value=""/>
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Direct Deposit (Refund Only)	28 REFUND OR NO AMOUNT DUE. Subtract line 25 and line 26 from line 23. See instructions, page 10. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002	■ 28	<input type="text" value=""/>
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Fill in the information to have your refund directly deposited to one or two separate accounts. Do not attach a voided check or a deposit slip.

All or portion of total refund (line 28) you want to direct deposit:

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="text" value=""/>	■ 29 Amount you want to direct deposit
<input type="text" value=""/> ● Routing number	<input type="text" value=""/> ● Type	<input type="text" value=""/> ● Account number	

Remaining portion of total refund (line 28) you want to direct deposit:

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="text" value=""/>	■ 30 Amount you want to direct deposit
<input type="text" value=""/> ● Routing number	<input type="text" value=""/> ● Type	<input type="text" value=""/> ● Account number	

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and complete.

Sign Here

It is unlawful to forge a spouse's signature.

Joint return? See instructions, page 10.

Your signature _____		Spouse's signature (if filing jointly, both must sign) _____		Daytime phone number (optional) (____) _____	
X _____		X _____		Date _____	
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)				Paid Preparer's SSN/PTIN _____	
Firm's name (or yours if self-employed) _____				Firm's address _____	
				FEIN _____	